

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 3/30/05 2 Serial/Patent # 10/518635

3 Please refund the following fee(s):

4 PAPER
NUMBER

5 DATE
FILED

6 AMOUNT

☒ Filing Fee Change

\$ 100.00

Amendment

\$

Extension of Time

\$

Notice of Appeal/Appeal

\$

Petition

\$

Issue

\$

Cert of Correction/Terminal Disc.

\$

Maintenance

\$

Assignment

\$

Other

\$

7 TOTAL AMOUNT
OF REFUND

\$ 100.00

8 TO BE REFUNDED BY: CC

10 REASON:

Treasury Check

☒ Overpayment

Credit Deposit A/C #:

Duplicate Payment

9

No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: Rita White

TITLE: Legal Assistant/Manager

SIGNATURE: Rita White

PHONE: 7/308-9140 ext. 231

OFFICE: DO/EO

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: _____

DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: